

**NC DHHS – NC DMH/DD/SAS
Multisystemic Therapy (MST)
Endorsement Check Sheet Instructions**

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would effect this element.

- a.** Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)
- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment

document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

- a (1).** Review documentation for language that reflects at a minimum a master's level QP who is the team supervisor and three (3) additional QP staff who provide available 24-hour coverage, 7 days per week. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules. Ensure that each employee is trained to fully understand and implement designated level of service strengths and needs (PCP developed by a child and family team, symptoms, medications, treatment practices, data, substance abuse related disorders, crisis intervention, etc.)
- a (2).** Review program description, personnel manual, training plan and other documentation for evidence of a training plan to meet MST introductory and ongoing training requirements within the time frames required by the model. Review supervision plans and notes, training plans, training files and training certificates that verify that trainings are scheduled, held and that each employee is in attendance.
- a (3).** Review training plans, personnel records, supervision notes or other documentation to ensure all staff on the MST team shall receive a minimum of one (1) hour of group supervision and one (1) hour of telephone consultation per week.
- a (4).** Review program description and case load assignments to verify that the MST team member to family ratio shall not exceed 1:5 for each team member. (A team of 4 FTEs shall serve no more than 20 families.)

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the Multisystemic Therapy Services and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that MST is being provided to consumers who meet the eligibility requirements, that interventions occur in the community and that first responder duties are a part of the MST provider's responsibility.

- a (1).** Review policy and procedure manual and program descriptions for language that demonstrates understanding of the MST service. MST is a direct and indirect periodic service where the MST workers provide direct intervention and also arrange, coordinate and monitor services on behalf of the recipient. The service shall be provided in a number of community settings (homes, school, homeless shelters, libraries, etc.).
- a.(2).** Review policy and procedure manual and program descriptions for language that demonstrates the provision of services in a wide range of community settings. Review PCP

for evidence that MST services will provide direct and indirect interventions with the consumer and family, in any location. Review service notes to verify that services are provided in the community in such locations as in-home, schools, homeless shelters, etc.

- a.(3). Review policy and procedure manual and program descriptions for language that demonstrates MST also includes telephone time with the individual recipient and collateral contact with persons who assist the recipient in meeting goals specified in the PCP.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and the MST model.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the service MST model. Review documentation to determine clinical integrity, coordination other services and supports in delivery of services and documented interventions that indicate adherence to the national MST standards.

- a. Review program description for language demonstrating that services will be provided primarily in the community. Review documentation to ascertain that MST services are provided 24 hours, 7 days a week by staff that will maintain contact and intervene as one organizational unit. Review MOAs and formal/informal agreements with community partners specifying agreement between parties to coordinate and collaborate in the delivery of service in specific locations. Review PCP and other service record documentation for specifying services will be provided in community location(s). Review service notes, PCP, contact log, paid claims data and other documentation for evidence that each consumer has received a minimum twelve contacts per the first month and an average of six contacts per the second and third months, with 60% of the contacts being face-to-face with the consumer out of the agency's facility.
- b. Review policy and procedure manual and job descriptions for language demonstrating that the MST Qualified Professional is responsible for the development, monitoring, revising and updating the PCP through a child and family team. Policy and procedures should be in place for PCP development including a crisis plan. Documentation should include the Child and Family team meeting minutes with membership, roles and responsibilities, and documentation of family involvement. Review the PCP and service notes for evidence that

the QP was the lead in the development of the PCP and the planning meeting. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.

- c. Review policy and procedure manuals and job descriptions for language that demonstrates the expectation that MST service providers will ensure provision of first-responder services for all of the consumers. This includes interventions either face-to-face or telephonically 24/7/365. The provider must have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers. Review crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the MST provider. Review on-call rotation schedules for evidence that after hours crisis response and access to interventions 24/7 is available. Look for evidence of a protocol for 24/7 coordinated response as one organizational unit. Review procedure for crisis plans to be made available to the QP on-call.
- d. Review for evidence that ascertains model fidelity - that the MST providers are utilizing intensive models of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Reviewers should check to ensure that specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse, sexual abuse, sexual reactivity, sex offending, and domestic violence.
- e. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. All staff providing MST must be interviewed.

Documentation Requirements:

All contacts for Multisystemic Therapy must be documented – a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Records Management and Documentation Manual. Review personnel training on the following policies and procedures. Review policy and procedure manuals for language demonstrating the expectation that the minimum standard daily full service note includes all required components. Review record to verify all components of the daily full service note are documented. Review policy and procedure manual for language that demonstrates that all clinically significant contacts with the recipient must be recorded in the medical record. Review service records to verify contacts are documented.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.